Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

APPLICATION FOR GRANDFATHERING MASSAGE THERAPIST OR BODYWORK THERAPIST

(DO NOT complete this application if you are currently certified as a Massage Therapist or Bodyworker in the State of Wisconsin.*)

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ _____ _____
month day year

Daytime Telephone Number

( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)

If yes, provide your Wisconsin license/credential number. _____ * **(see above)**

The certificate expires on March 1 of the odd-numbered year. It may be renewed for a two year period at that time.

MASSAGE THERAPY OR BODYWORK THERAPY COURSEWORK:

School Name: _____

_____
(City / State)

Date Completed: _____

HIGH SCHOOL / GED:

School Name: _____

_____
(City / State)

Date Completed: _____

APPLICATION FEES: **Make check payable to DRL for the total DRL fee and attach to this application.**

Check appropriate box

☐ **10 YEARS EXPERIENCE** (Applicant was actively engaged in the practice of massage therapy or bodywork therapy by practicing for an average of 10 hours per week for at least 10 years.)

_____ **$ 75.00 Initial Credential fee attached**

☐ **EXAMINATION** (Applicant passed a nationally administered entry-level competency assessment examination that meets generally accepted psychometric principles and standards.)

$ 75.00 Initial Credential Fee

_____ **$ 75.00 Total fee attached**

☐ **600 HOURS OF TRAINING** (Applicant has graduated prior to June 4, 2010 from a massage therapy or bodywork therapy training program that consisted of at least 600 hours of training.)

_____ **$ 75.00 Reciprocal Initial Credential fee attached**

☐ **200 HOUR LICENSURE PROGRAM (This option will not be available until 200 hour programs are approved by the affiliated credentialing board.)**

(Applicant has actively engaged in the practice of massage therapy or bodywork therapy by practicing for an average of 10 hours per week for at least 3 years and successfully completed a 200-hour licensure program approved by the affiliated credentialing board.)

_____ **$ 75.00 Initial Credential fee attached**

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

YOU MUST CHECK THE SECTION UNDER WHICH YOU ARE SEEKING LICENSURE. Under each section is a list of documents required for certification. Your application will not be considered complete until all of these documents have been received by the Department. *Is name on all documents the same? If not, submit a certified copy of marriage certificate, divorce decree, etc.*

☐ **10 YEARS EXPERIENCE:** (A person was actively engaged in the practice of massage therapy or bodywork therapy by practicing for an average of 10 hours per week for at least 10 years.)

Submit a current copy of CPR/AED certificate.

Completed application (Form #2909)

Fee attached to this application

Copy of a certificate of a malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than $1,000,000 per occurrence and $1,000,000 for all occurrences in one year and expiration dates.

Applicant complete the blanks listed below:

Active practice

I have engaged in _____ hours (an average of at least 10 hours per week for at least 10 years) in the practice of massage therapy or bodywork therapy during the time period December 1, 2000 to December 1, 2010, as follows:

List all dates of employment, employer, supervisor, telephone number and hours worked. (Attach additional sheets if necessary.)

_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked

☐ **EXAMINATION:** (Applicant has passed a nationally administered entry-level competency assessment examination that meets generally accepted psychometric principles and standards.)

Submit a current copy of CPR/AED certificate

Completed application (Form #2909)

Fee attached to this application

Copy of a certificate of malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than $1,000,000 per occurrence and $1,000,000 for all occurrences in one year, and expiration dates.

Evidence of having passed either the "National Certification Examination of the National Certification Board for Therapeutic Massage and Bodywork" (Chauncey Group Score Report Request Form), the "Asian Bodywork Therapy Exam" of the National Certification Commission for Acupuncture and Oriental Medicine, or Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx). ***This evidence must come directly from the examination services listed above.***

☐ **600 HOURS OF TRAINING:** (Applicant has graduated prior to June 4, 2010 from a massage therapy or bodywork therapy training program that consisted of at least 600 hours of training.)

Submit a current copy of CPR/AED certificate

Completed application (Form #2909)

Fee attached to this application

Copy of a certificate of a malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than $1,000,000 per occurrence and $1,000,000 for all occurrences in one year and expiration dates.

Form 2910 must be completed and returned directly from a massage therapy or bodywork therapy training program that consisted of at least 600 hours of training. The following portions of the form must be completed:

1. Attestation of graduation.
2. Reporting curriculum coursework.

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☐ **<u>200 HOUR LICENSURE PROGRAM</u>: This option will not be available until 200 hour programs are approved by the affiliated credentialing board.** (A person was actively engaged in the practice of massage therapy or bodywork therapy by practicing for an average of 10 hours per week for at least 3 years and successfully completed a 200-hour licensure program approved by the affiliated credentialing board.)

Submit a current copy of CPR/AED certificate.

Completed application (Form #2909)

Forward Grandfathering Massage Therapy or Bodywork Therapy Program Curriculum Form #2910 to your school.

Fee attached to this application

Copy of a certificate of a malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than $1,000,000 per occurrence and $1,000,000 for all occurrences in one year and expiration dates.

<u>Applicant complete the blanks listed below:</u>

Active practice

I have been engaged in _____ hours (average 10 hours per week for at least last 3 years cumulative minimum) in the practice of massage therapy or bodywork therapy during the time period December 1, 2007 to December 1, 2010, as follows:

List all dates of employment, employer, supervisor, telephone number and hours worked. (Attach additional sheets if necessary.)

_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked
_____	_____	_____
Dates	Employer, supervisor, telephone number	Hours Worked

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

		YES	NO
1.	Have you graduated from high school or attained high school graduation equivalency? If yes, indicate - Name of High School _____ City _____ State _____ Date of graduation _____ OR Date high school graduation equivalency obtained _____ Granting agency _____	❑	❑
2.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	❑	❑
3.	Has any governmental credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, provide details about the action, including the name of the credentialing agency and date of the action.	❑	❑
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	❑	❑
5.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. [Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.]	❑	❑
6.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. [Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.]	❑	❑
7.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	❑	❑
8.	Have any law suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or law suit and a copy of the final settlement or disposition.	❑	❑
9.	Are you registered, licensed or certified in any other profession(s)? If yes, state what profession(s) and in what state(s).	❑	❑
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	❑	❑

For the purposes of questions 11-17, the following phrases or words have the following meanings:

"Ability to practice massage therapy or bodywork therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate assessment and exercise reasoned massage therapy or bodywork therapy judgments and to learn and keep abreast of massage therapy or bodywork developments; and
2. The ability to communicate those judgments and massage therapy or bodywork therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform massage therapy or bodywork therapy tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
11.	Do you have a medical condition which in any way impairs or limits your ability to practice massage therapy or bodywork therapy with reasonable skill and safety? If yes, please explain.	❑	❑
12.	Does your use of chemical substance(s) in any way impair or limit your ability to practice massage therapy or bodywork therapy with reasonable skill and safety? If yes, please explain.	❑	❑
13.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	❑	❑
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	❑	❑
15.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	❑	❑
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	❑	❑
17.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	❑	❑

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CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

_____ _____

Signature of Applicant Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____

(Applicant name)

_____

Signature of Notary Public

S E A L

_____

Date Commission Expires

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name **Middle Initial** **Last Name**

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

EMAIL ADDRESS:

Do you have an email address? ☐ **Yes** ☐ **No**

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

If no, your checklist will be sent by first class mail.

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[1] Section 440.03 (11m), Wis. Stats.

[2] Sections 49.22, and 440.13, Wis. Stats.

[3] Section 440.12, Wis. Stats.

[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.